


Anticipatory Socialization of Pregnant Women: Learning Fetal Sex and Gendered Interactions

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Abstract

Although doctors still frequently call out “It’s a girl!” when a baby girl is born, the majority of mothers now use ultrasound to find out the sex months earlier. This study examines how women who learn the sex of their fetus before birth are engaging in gendered verbal interactions throughout pregnancy. These include types of conversations, usage of gendered pronouns, and calling the unborn baby by a given name. These changes in behaviors by pregnant woman once fetal sex is known can be seen as a form of anticipatory socialization, as they begin to practice the behaviors and values associated with the role of being either a mother of a son or mother of a daughter. Findings also discuss general differences between mothers who choose to find out fetal sex and those who choose not to. The research is based on in-depth interviews with middle-class mothers in the United States.

Keywords

pregnancy, gender, mother, anticipatory socialization, ultrasound, fetus

In recent decades, we have seen sustained focus on gender parity in workplaces, schools, and politics in pursuit of gender equality and the ability to make life choices regardless of one’s sex. Although progress has been uneven and sometimes stalled, recent polls found that men’s and women’s lives and attitudes have generally grown more symmetrical with regard to both work and family life (Galinsky, Aumann, and James 2009). Whether analyzing the increasing equality in domestic labor or the acceptance of dual-earner couples, many researchers have emphasized the ways in which gender no longer dictates one’s life experiences at the same levels as in previous decades, even though problems such as gendered violence and the glass ceiling continue (Bianchi et al. 2012; Lachance-Grzela and Bouchard 2010).

Although the importance of gender has diminished in some arenas of social life, to fully understand gender relations today, it is essential to examine those aspects of society where gendered interaction patterns have also increased. This study looks at one life experience where increased gendering appears to be occurring. Drawing on in-depth interviews with a group of largely white, middle-class, American women who gave birth in the 2000s, it contrasts the experiences of women who chose to find out the sex of their fetus (currently the majority of women)

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with those who choose not to find out. For additional historical context, it also utilizes narratives of similar women who gave birth in the 1970s and were not given a choice to find out fetal sex.

Doing Gender

Sociologists are often careful to make the distinction between sex (based on biological components) and gender (based on societal expectations) to point out that anatomy is not always destiny. Scholars have long been aware of the importance of early childhood gender socialization in shaping individual identities, and of societal norms in creating compliance with gendered standards (Lorber 1994; Risman and Davis 2013). In their seminal article, Candace West and Don H. Zimmerman (1987) argued that whenever a person interacts with another, they “do gender” by interacting in a gendered manner. They differentiate between a gender role, as an institutionalized status in society with attached societal expectations, and the display of gender through which we enact this role in public. In this way, gender arises as something one does, not a characteristic of the self. That gender plays such a key role in interaction patterns is why people are generally uncomfortable interacting with someone when they do not know their sex category. It partially explains why new mothers and fathers are so intent on dressing their newborn sons and daughters in certain colors and why it is so frequently the first question people ask about a baby (Lorber 1994). The pink or blue colors indicate the baby’s sex (and presumed gender) so that strangers know how to “properly” interact with a newborn baby who might otherwise have no gender markers. This performative understanding of gender articulated by researchers working from a symbolic interactionist perspective has long played an important role in revealing how and why certain aspects of gender inequality continue to be so resistant to change (Berk 1985; Walzer 1998). Nevertheless, individuals can also choose to act or interact in ways that go against expected gendered behaviors. Recently, scholars have called for systematic studies of how to “undo gender” and use interaction as a site of change (Deutsch 2007; Risman 2009).

This study draws upon interactionist perspectives and examines how the routinization of ultrasounds to learn fetal sex is encouraging pregnant women to engage in gendered verbal interactions toward their fetus. These behaviors can be viewed as an initial attempt to “do motherhood” during the months leading up to the baby’s birth (Walzer 1998) and as a form of anticipatory socialization.

Anticipatory Socialization

The transition to parenthood involves major role transitions, which suggests the utility of some aspects of role theory. Theorists interested in how individuals transition in and out of social roles generated the concept of anticipatory socialization. Leonard Cotrell (1942) was one of the earliest to identify how anticipatory socialization functions. He argues that role adjustment was eased by “imaginal or incipient rehearsal in the future role” and “practice in the role through play or other similar activity” (p. 619). Generally anticipatory socialization is regarded as a process that helps facilitate the movement of the individual into their new role and their adjustment to it (Merton 1968; Yamaguchi 1998). Anticipatory socialization can take place consciously or unconsciously, while one is a child or an adult. It is seen as rational to engage in anticipatory socialization when the odds are high one will attain the new role or status (Yamaguchi 1998).

Pregnant women are in a liminal stage as they have begun the transition to parenthood. Of particular interest to this article is how pregnant women who find out fetal sex may be engaging in anticipatory socialization when they engage in gendered interactions with their fetus. This anticipatory socialization is not only into their new role as “mother” but also into a more specific gendered role as “mother-to-son” and “mother-to-daughter.” Although all mothers are expected to think and perform in self-sacrificing ways as they “do motherhood,” other expectations vary

by the gender of their child. For example, those with sons may be expected to interact with them in ways that will help create a culturally normative masculine identity (i.e., not as sensitive, emotional, or attached; Kimmel 2009).

Background

The Rise of Ultrasound as Obstetric Technology

Until the last few decades, expectant mothers usually discovered the sex of their baby at its birth with the doctor's exclamation of "It's a girl" or "It's a boy!"¹ Today, the majority of American mothers are choosing to find out the sex of their baby ahead of time, usually through their routine ultrasounds (Marleau and Saucier 2002). Even though ultrasound technology was initially developed in the early 1930s and 1940s, its use with obstetrical patients did not become common in the United States until the 1980s and varied across other nations. Currently, American women who have health insurance usually have two ultrasounds scheduled during a pregnancy if they have no specific risk factors and have many more if their pregnancy is deemed to be "high risk."² The first one occurs between 8 and 10 weeks and is used to check for fetal anomalies and determine a due date for the pregnancy. The second occurs at approximately 20 weeks and is used to check for abnormalities in the fetus, check its growth, and can be used to visually determine the biological sex of the fetus in most instances. It is possible to learn the sex of the fetus through certain types of prenatal genetic testing (often amniocentesis or chorionic villus); however, currently less than 5–10 percent of U.S. women choose to have these tests performed, partly due to the small increase in risk of miscarriage (Nicolaidis et al. 2005). Therefore, for the majority of pregnant women, the experience of getting an ultrasound is intertwined with the discovery of the sex of one's unborn child.

The addition of ultrasound as a routine part of a normal pregnancy has been criticized by feminists critiquing the overall increased medicalization of reproduction (Katz Rothman 1989, 1993; Martin 1992; Oakley 1984). They argue that women have begun to lose control over their own childbirth experience due to the new technologies, changing medical practices, and reliance upon medical "experts" to define pregnancy and childbirth experiences (Katz Rothman 1989; Oakley 1984). Some feminist scholars view obstetric technologies, such as ultrasound and fetal monitoring, largely as ways in which doctors establish their own power and bypass pregnant women as a source of knowledge about their pregnancy (Katz Rothman 1989, 1993; Oakley 1980).

A key aspect of the medicalization of reproduction over the last few decades has been the emergence of the two-patient model of obstetric medicine, in which doctors view and treat the pregnant woman and her fetus as separate patients (Katz Rothman 1989; Mitchell and Georges 1997). Until the development of ultrasound technology (along with other technological developments), the medical community did not usually conceptualize the mother and fetus as two separate patients. In addition, doctors usually lacked the ability to treat the unborn baby separately and therefore out of necessity treated the mother and baby as one unit (Katz Rothman 1989). Under the two-patient model, the pregnant woman and unborn baby can be seen as having conflicting medical needs and legal rights.³ To the dismay of its critics, an acceptance of this model of pregnancy gradually spread to much of Western society in the 1980s and 1990s (Katz Rothman 1989; Mitchell and Georges 1997).

Ultrasound Effects: The Fetus as a Real, Separate "Person"

Scholars from a variety of fields have examined whether having an ultrasound affects how expectant mothers think about their fetus.⁴ A number of studies found that ultrasounds often help pregnant women to accept the reality of the pregnancy and fetus earlier in the pregnancy through

showing them photographic evidence (Gregg 1995; Mitchell 2001; Mitchell and Georges 1997; Petchesky 1987; Sandelowski 1994; Villeneuve et al. 1988). The ultrasound photos can also help the fetus seem more real for other people, such as the unborn baby's father (Sandelowski 1994). In addition, ultrasounds may lead mothers to conceptualize the fetus as separate from themselves throughout the pregnancy, even long before the fetus reaches the point of viability (Barnes 2013; Mitchell 2001; Mitchell and Georges 1997; Taylor 2000, 2008).

In addition to the fetus seeming separate from the mother, some pregnant women today also conceptualize the fetus as "a person" long before birth. This was evidenced in the interviews included for this study and has also been addressed in a few other studies (Barnes 2013; Mitchell 2001; Mitchell and Georges 1997; Taylor 2000, 2008). One study found that having an ultrasound encouraged expectant mothers to view their fetus as a "baby" because of the behaviors of the ultrasound technicians (Mitchell 2001). Ultrasound technicians often helped mothers-to-be "see" what their unborn "child" was doing by pointing to the screen and labeling the behaviors (Mitchell 2001). The women in this study confirmed this finding, as participants said that during their 20-week ultrasounds, the technicians pointed out specific body parts and said things such as, "Now your baby is sucking his thumb!" and "Now he's kicking his little legs." These types of statements help mothers to not only see the unborn fetus as real, separate, and having agency, but also as "a baby" already engaging in human-like activities. In related research, Lisa M. Mitchell and Eugenia Georges (1997) found that mothers in Canada were more likely to perceive their fetus as already having a developed identity than were Greek mothers, which they credited to the ways in which the fetus' behavior was described during the ultrasound process.

An additional reason why recent mothers may be more likely to see their fetus as "a person" during pregnancy is the continuing advancement of ultrasound technology, which several participants in this study discussed. Unlike the ubiquitous ultrasound photos of the 1980s and 1990s that showed "alien babies" (as described within other studies and by some current study participants), in the 2000s, women began to have access to "advanced" or "3-D" ultrasound machines. Unlike regular (2-D) ultrasounds, 3-D ultrasounds are more commonly found at private facilities where the parents-to-be will pay out of pocket for the privilege of having a longer and more detailed ultrasound done. Often recommended starting around 23–24 weeks (just around the early age of viability), these ultrasounds usually provide the mothers-to-be with more detailed photos and videos of their fetus' movements, which allows them to see and "know" the fetus in a more powerful way. Experiences such as these help to further blur the lines between the unborn child's life inside the womb and outside the womb and cement the idea that the fetus is a "real person" fairly early within pregnancy.

Effects of Fetal Sex Determination

As a whole, not enough attention has been given to how learning the sex of one's fetus may change the experience of pregnancy or the behaviors of an expectant mother. Drawing on the work of West and Zimmerman (1987), there are good theoretical reasons to assume that finding out the sex may change how expectant mothers think about the fetus and/or interact with it. The ways in which sex/gender connects to how pregnant women think about their fetus and choose to interact with them should be explored, as should why some women choose to find out the sex and others do not, even when the possibility is offered to them. Thus far, only two studies have offered any insights into this, and the questions were not either study's central focus. Lisa M. Mitchell (2001) reported that some pregnant women felt closer to their fetus after learning its sex. In contrast, Robin Gregg (1995) found that pregnant women, who discovered their unborn baby was the opposite sex of what they preferred, reported a negative influence on how close they felt toward it. Far more remains to be discovered about this topic.

Method

Data and Participant Characteristics

The data in this study are drawn from in-depth, semistructured face-to-face interviews with 28 heterosexual, American women with wanted (although not necessarily planned⁵) pregnancies. Most of the article is based on information drawn from the 19 women who gave birth to their children in the 2000s. Of theoretical importance, 13 of the women had chosen to learn the sex of their fetus before birth via ultrasound, and 6 of them had chosen not to learn the sex until the baby was born. None of the women used genetic testing to learn the sex. In addition, to provide a historical comparison and give greater context, limited amounts of information are included from a comparison group composed of data from interviews with 9 women who gave birth to their children largely in the 1970s and were not offered the option to learn the sex of their fetus. (See Table 1 for a list of participants.)

The study participants were recruited through two methods over multiple years, as new questions arose during the research process that merited additional sampling. A theoretical sampling strategy was used, where theoretical considerations guided the selection of research participants. Six of the nineteen “2000s” mothers were recruited by making an announcement explaining the research during childbirth classes offered in 2008 at a local hospital. All but one of these women had chosen to find out the sex of their fetus and all were currently pregnant. The remaining thirteen “2000s” mothers and nine “1970s” mothers were recruited using snowball sampling techniques, in which participants (or other personal contacts) offered the names of potential participants. No more than two referrals were taken from each participant to ensure that they were not all from the same social network. The older women were largely recruited and interviewed in 2009. Finding women who had chosen not to find out the sex of their fetus proved to be the most difficult. Two of the interviews were conducted in 2009 and the rest in 2013, as it became clear that additional interviews were necessary to learn more about the perspectives of those women who were given the option to learn the sex of their unborn baby and chose not to. Interviews were conducted until a point of theoretical saturation had been reached. This meant that recruitment of new participants ended when no new information or perspectives were being gleaned from the interviews being conducted (Weiss 1994). This is the same way that many other qualitative researchers decide when to stop interviewing (including, Berk 1985; Taylor 2000; Walzer 1998). Pseudonyms are used throughout in place of real names for both participants and for their children.

Eleven of the 19 mothers who gave birth in the 2000s were pregnant at the time the interviews took place, while 8 had given birth within the previous 18 months of the interview. This included 9 (of 13) women who found out the sex and 2 (of 6) women who did not. Some of the most fascinating interviews among the women who gave birth in the 2000s were of those women who were currently pregnant, as they often talked to and interacted with their fetus during the interviews. Nevertheless, the women who recently had a baby also were able to clearly report their thoughts and decisions during pregnancy, and the general patterns within their accounts did not differ from those women who were currently pregnant. Their ability to reflect back over the previous year about why they acted in a particular way during a time of personal and family transition was an added benefit and a worthwhile aspect to capture. Clearly the older women who had children in the 1970s were by necessity providing a (decades later) retrospective viewpoint on their pregnancies; nevertheless, the personal narratives they provide about their experiences are still important and offer an interesting historical perspective. Social scientists were not conducting research on comparable topics in the 1970s when these women were pregnant. It is important to capture their first-person perspectives while these women are available to provide it. There is still much we can find out from them about their experiences, and first-person interviews strengthen our knowledge on the topic.

Table 1. Characteristics of Participants.

Name ^a	Found out?	Age	Education attained	Pregnancies and children at time of interview (including birth year)
Younger mothers				
Holly	Yes	25	High school	Pregnant with girl (2008)
Jill	Yes	26	College	Pregnant with girl (2008)
Melissa	Yes	27	College	Pregnant with boy (2008)
Sarah	Yes	29	College	Pregnant with boy (2009)
Sharon	Yes	29	College	Pregnant with girl (2008)
Stephanie	Yes	29	Some college	1 year girl (2007)
Kara	Yes	30	College	Pregnant with girl (2008)
Kate	Yes	30	College	Pregnant with girl (2008)
Nina	Yes	31	College	3 year boy (2005), 1 year girl (2007)
Susan	Yes	32	High school	Pregnant with twin boys (2008)
Gloria	Yes	33	College	1 year old boy (2007)
Christina	Yes	34	College	Pregnant with boy (2008)
Becky	Yes	34	College	3 year old boy (2005) 2 month girl (2008)
Beth	No	29	Some college	3 year girl (2006), 6 month boy (2009)
Katie	No	30	College	4 year boy (2005), 3 month girl (2009)
Tracy	No	34	College	7 year girl (2006), 5 year boy (2008), and 18 months girl (2012)
Shelly	No	35	College	5 year girl (2008), 12 month girl (2012)
Lila	No	38	College	Pregnant (2013); 8 year boy (2005), and 2 year old girl (2011)
Emily	No	43	college	Pregnant (twins/gender unknown, 2008)
Older mothers				
Eleanor	No	57	College	Boy in 1980, girl in 1983
Theresa	No	58	High school	Girl in 1977
Julia	No	61	College	Boy in 1973
Lillian	No	62	College	Girl in 1976, girl in 1979
Carol	No	62	High school	Boy in 1974, boy in 1976, girl in 1982, boy in 1983
Michelle	No	64	College	Boy in 1975, boy in 1979, girl in 1981
Denise	No	64	College	Boy in 1968, girl in 1971
Hazel	No	67	College	Boy in 1969, boy in 1971
Mildred	No	65	College	Girl in 1975, boy in 1978

^aAll names are pseudonyms.

All the participants were white, as were the fathers of their children. The majority of them (15 of 19 recent and 7 of 9 older) were college educated. Twenty-one of the women were currently married, 5 were divorced, 1 was single, and 1 was engaged. The women who gave birth in the 2000s were 25–38 years old, except for one woman who was 43 years old. The women who had given birth in the 1970s were ages 57–67 at the time of their participation. No age effects were found among either group. Among the mothers who gave birth in the 2000s, 10 had one child, 7 had two, and 2 had three (unborn children were included in total if pregnant). Among the women who gave birth in the 1970s, 2 women had one child, 5 had two, 1 had three, and 1 woman had four children. Among the women who gave birth in the 2000s, 14 worked full time, 3 worked part-time, and 3 women were not engaged in paid work at the time the interviews were conducted. Of the women who gave birth in the 1970s, 7 women were currently working full time and 2 part-time.

This study uses a nonprobability sample, which means it is not directly generalizable to any larger population; however, like most other qualitative studies, generalizability is not the major purpose of the research. Instead, the goal of this study is to describe in detail the participants' perspectives and experiences (Krefting 1999). Still, that the women who took part in this study were fairly homogeneous in terms of race, class, and education should be viewed as a limitation, as it is unclear how the study findings may apply to a diverse population. In addition, although including both pregnant and postpartum women allowed for a more complete perspective on the phenomenon under study, it also could have introduced some level of bias, as the postpartum women had to remember what they had thought and experienced during pregnancy. In an attempt to reduce this bias, both pregnant and postpartum women were included among those women who chose to find out the sex and those who did not.

Method and Analysis

All participants were given the choice of where to do the interview, with most interviews (except two) held at the home of the participant, which provided additional context about their lives. Each of the interviews lasted between 40 and 60 minutes. All were recorded and later transcribed verbatim by the author for analysis. The semistructured interview guides covered many topics including the following: If they had an ultrasound and what the experience was like; if they choose to find out the sex or not, why, and their reaction to finding out its sex (if applicable); how finding out the sex may have changed how they thought about the baby (if applicable); when they thought their fetus became "a person"; whether/how they talked to and about their fetus; and other ways they may have interacted with the fetus while pregnant. To enhance validity, I asked several differently worded questions on some of the same topics and then evaluated the level of agreement in the participants' answers.

Inductive, grounded theory methods were relied upon for data analysis, which involved taking an open-ended approach to the data and modifying the hypotheses as the analysis proceeded (Glaser and Strauss 1967; LaRossa 2005). All coding was done manually by highlighting sections of the interview transcripts and then cutting and pasting these portions into separate documents. The development of the initial coding schema was influenced by the questions that sparked the data collection and by the themes that began to emerge as the initial round of interviews was transcribed. This initial coding schema was tried out on the data and then revised as additional interviews were transcribed and coding progressed. This was done multiple times until the final coding categories had been developed and defined in an ongoing interaction with the data collection and transcription process. The main coding categories relevant to this article include "decision/nondecision to learn sex," "pronouns/calling the baby 'it,'" "talking to the baby," "talking about the baby to others," "formal names," "baby as a person," "baby as separate/connected." The central themes and categories were compared across each of the three different groups of women (those who gave birth in the 2000s and chose to find out, those in the 2000s who chose not to find out, and those who gave birth in the 1970s). After coding for the specific categories, I then worked on integrating the separate themes into a single coherent story (Weiss 1994).

Gendered Verbal Interactions

The influence on expectant mothers of knowing their fetus' sex can be seen in a variety of changes that appear to reflect underlying transformations in how mothers are thinking about and relating to their unborn baby. These include talking with the unborn baby in a gendered manner, using gendered pronouns, and calling the unborn baby by a formal (gendered) given name. Although the pregnant women in this study did not view their behaviors as unusual, how they are historically specific ways of responding to learning fetal sex and modern motherhood should be examined.

Gendered Conversations before Birth

There was a general agreement among all the women who found out the sex that it changed how they both thought about and talked to their fetus, although there was variation in the degree of the change. One woman who worked full time as an administrative assistant and was pregnant with her first child (a girl), responded when asked if anything changed when she found out the fetus' sex:

You can just start picturing it. All these ideas of things that go through your head about how you're going to raise the baby—because there is a big difference between a girl and boy, and how you raise them as they get older. For me since it's a girl, I kind of get a general idea of how I want to be with her . . . and when I'm talking to her, I tell her all about my ideas. (Holly, age 25, currently pregnant)

When asked to give an example of how she talked to her unborn baby, the respondent looked down at her belly and said, "How's my little girl doing today? How's mommy's little sweetheart doing in there?" In many ways, this highly gendered language sounds similar to the ways in which a parent might stereotypically talk to a female baby after its birth. It is well-documented that many people believe that boy and girl babies are different and socialize them differently after birth (e.g., see, Karraker, Vogel, and Lake 1995; Ruble, Martin, and Berenbaum 2006). What has not been documented before are the ways in which some mothers begin these behaviors before the baby is born.

While Holly consistently expressed fairly "traditional" beliefs regarding differences between how men and women should behave and the roles they should play in society, some other women's beliefs were less so (i.e., they believed that one's sex did not necessitate always performing in "gender appropriate" ways or following prescribed gender norms). Nevertheless, they still felt that the discovery of their fetus' sex changed how they thought and felt about it. A college-educated woman currently working part-time coordinating her town's adult education program, who was also pregnant for the first time with a girl, responded when asked if finding out the baby's gender changed anything:

Yeah. Because I definitely give her a little girl voice and talk to her referring to her as a girl. If it was a boy, I'm sure we'd talk differently. But again, I'm really sensitive to gender stereotypes. I went to an all women's college and took so many gender classes. So I'm really not into, "Oh, it has to be pink." But it still affects the way I talk to her. (Sharon, age 29, currently pregnant)

This woman would often have long talks with her fetus with her voicing both sides of these "conversations." When giving the fetus a voice, she made sure it was highly gender appropriate even though all of its supposed future activities discussed were not completely gender stereotypical, which helped to maintain consistency with her identity as someone progressive about gender roles.

The extensive conversations that these women described with their unborn "sons" or "daughters" (to use their own wording) are in contrast to both the younger women who did not find out the sex and the behaviors of the women who gave birth in the 1970s and did not have the option. All six of the women who chose not to learn the sex, reported not talking very often to their unborn baby and not having full conversations. One recently pregnant woman who also had an older son and had chosen not to find out with either of them said, "I didn't talk to them or anything, or read to them. I remember rubbing my belly and thinking, 'Cool, they're moving,' but I never had a conversation."

Similarly, the women who gave birth in the 1970s described rarely talking to their fetus. At the time these women were pregnant, there was not as much attention focused on talking to one's unborn child; instead, much more of the focus was still on the pregnant mother during pregnancy.

This difference in attention came through clearly in one response. When asked, “How did your family and friends refer to the baby during pregnancy?” an older woman with two children answered, “I think my and [husband’s] family mostly just asked, “How are you?” rather than “How is the baby?” Another woman who had also had two children in the 1970s spontaneously mentioned that she thought that family members talking to a pregnant woman’s belly (i.e., to address the fetus) was a strange practice that she never allowed.

Although recent decades have seen a greater emphasis on the fact that a fetus can hear speech and music when in utero, and may recognize voices after birth that they heard when in utero (Quart 2006), it is still unclear what impact talking directly to a fetus actually has. This did not stop millions of women in the 1990s and 2000s from buying products such as “Baby Mozart” CDs and “BabyPlus womb song” to play during pregnancy with the idea that it would enrich their fetus’ experience (Quart 2006). Many of the women in this study also expressed underlying beliefs that the fetus could not only hear their voice but may—on some level—understand what they were saying. As mothers are seen as responsible for their children’s well-being and happiness (Hays 1996), talking to their unborn baby may be an active way for pregnant women to feel like they are fulfilling their role as mother, which they will soon be taking on full time.

Gender, Pronouns, and Language Use

When asked what they liked about learning the sex of their fetus, all of the participants who found out said they enjoyed being able to use gendered pronouns—or as a few of them said “the correct pronouns”—both when talking to and especially about their unborn baby. Five of the women even described this as being one of their reasons for finding out. Before they found out, some of them preferred to switch back and forth between masculine and feminine pronouns (some couples on a moment-to-moment basis) rather than use nongendered pronouns or the term “it.” The negative views that several of the women had toward using the word “it” to refer to a fetus came through quite strongly in several of the interviews.

I personally don’t call it an “it” because it’s not an “it.” It’s a baby . . . “It” makes it seem like an alien or something. I think that is so impersonal, and really it’s such a personal thing. (Jill, age 26, currently pregnant)

I just really like being able to refer to it as something other than “it,” which is something nonhuman to me. (Holly, age 25, currently pregnant)

The dislike for the term “it” was especially fervent among those women who were currently pregnant, but other recent mothers also independently stated that they disliked the term. Four of the 13 women mentioned being significantly bothered when someone else would refer to their unborn child as an “it,” and three reported getting quite angry at friends and relatives who continued to use “it,” in place of “he” or “she” after being corrected.

Again the idea that the baby was listening and they (as the mother) were responsible for monitoring how people referred to it, in case the baby could hear and understand the conversations, came across in some of the interviews. When discussing pronouns, one pregnant woman who had not been able to find out the sex at her 20-week ultrasound but did later at a private 3-D ultrasound said,

I’ve been using “she” a lot more lately [since the ultrasound]. I do feel kind of bad saying that because if it turns out a boy—you know the kid can hear! He’d be like “You called me ‘she’!” (Kara, age 30, currently pregnant)

While this woman may not have been completely sincere in the above statement, the idea that the fetus was a person who could hear and react to the world appeared to influence how many of the recent mothers who found out the sex interacted with their fetus during pregnancy.

This view was in strong contrast to the narratives of both the women who chose not to find out the sex of their unborn baby and those of the older women from decades earlier. Both groups consistently used the term “it,” as well as “the baby,” to refer to their fetus when pregnant and did not seem to feel this was an issue. One typical answer from a woman in her 60s was, “I would just say things like, ‘I think it just woke up.’” A recently pregnant woman who chose not to find out with either child explained, “We would just say [to others] ‘the baby.’ Like, ‘the baby is kicking.’” Tracy, a college-educated woman who worked part-time in order to spend more time at home with her kids, was interviewed with her one-year-old daughter sitting on her lap. When asked how she referred to the baby when pregnant she replied, “As an ‘it.’ I feel a little mean now that you ask [laughs down at her daughter].” Although this woman said she felt bad in retrospect, her acceptance of the term “it” to refer to her unborn baby throughout pregnancy may reflect how she conceptualizes a fetus and what it is capable of during pregnancy—especially as the child under discussion was her third, not her first.

Using Formal Names

Symbolic interactionists have a long tradition of studying the importance of language and naming (Blumer 1969). According to theorists, when we attempt to make sense of an object, event, or person, we attach meaning to it—a process known as *naming*. By naming someone (or something), we can then appropriately categorize them, form a cognitive-emotional response, and understand how we should interact with them.

Some of the women who gave birth in the 2000s and found out the sex formally named their fetus and referred to it by name throughout pregnancy. In addition to being a unique form of interaction, this may be viewed as an important step in their recognition of the baby’s separate identity or personhood. Although many people would assume a baby is officially named at birth, these women clearly felt that their fetus had been formally named weeks (and sometimes months) before it was born. Formally naming the fetus involved choosing a full name (first, middle, and last), announcing it to friends and family, and calling the fetus by the name both when talking to it and about it. Nine (of the 13) younger women who found out their fetus’ sex named their baby during pregnancy. Five of the women reported that they and the expectant father referred to the unborn baby by name the majority or “all of” the time, while four of the younger women said they used it “sometimes.” Only three women who found out the sex never used a formal name during pregnancy. Of these, two said they “disliked” the practice and one woman said she had not done it because she and her husband could not agree on a name until right before the baby was born. The final woman interviewed was currently pregnant, had just recently found out the sex, and had not yet decided on a name.

One pregnant woman (29) working full time as an engineer who did formally name her fetus explained, “I really like referring to him by name. Baby Caden. Caden’s hungry. Caden’s kicking me. Otherwise you are referring to it as “the bun in the oven,” the nicknames, you know?” Another woman (31) with both a boy (3) and a girl (1) who worked as a schoolteacher replied matter-of-factly when asked how she referred to her first child while pregnant. “By his name. Caleb Nathaniel Smith . . . or I used ‘him.’” These women also encouraged their family and friends to use the selected name throughout the pregnancy, although not everyone was receptive to this practice. Two of the women in particular (including one of the above) reported feeling insulted when some of their close family members would not use the chosen name to refer to the baby during the pregnancy.

Not only had none of the women who had children in the 1970s engaged in this behavior, a few of them had noticed this recent practice and were quite critical of it. As one office manager in her 60s explained,

With my generation, that seems kind of freaky. But all the girls I work with who have been pregnant in the last few years, they ALL call their babies by its name. And then the baby is born and it's just kind of boring. "Baby Jake is here." It seems like he had been here nine months already. Seriously!
(Julia, age 61)

The group of older women who had noticed the phenomenon generally thought it was "strange" and several brought up the possibility of it being bad luck, in case something happened and the child wasn't born healthy or was born the opposite sex.

Among recent mothers who did not formally name their fetus, some of them agreed with the older women that the practice was strange. When discussing the topic, one pregnant woman who did find out the sex but chose not to use a formal name said, "It's just weird. I'm not ready to start doing that yet" (Sarah, age 29). The idea that she was "not ready" to call her unborn baby by name may be an indication of how she thought of the baby or how she conceptualized her role as not-quite-a-mother yet. None of the recent women raised the possibility that it would be "bad luck," although one of them did mention the possibility of the ultrasound being wrong.

The trend in calling an unborn child by a formal name is surely multidetermined; however, a few connections appear discernible. The ability of the women to discover the sex of their fetus appears to be a necessary step for these participants. All the women (those who gave birth in the 2000s and the 1970s) discussed possible names throughout their pregnancy; however, the decision to formally name one's unborn baby, use the name regularly, and begin to purchase monogrammed items only occurred among women who found out its sex. None of the women formally named their unborn baby when they were unsure of its sex; even though it would be possible to do so simply by choosing a gender neutral name (in fact one family chose such a name after learning fetal sex). Furthermore, one must already conceptualize the fetus as a separate person on some level. Without this belief, it does not make sense for a woman (or a couple) to name their unborn baby so early or to try to get friends and family to call it by a formal given name. Last, this practice seems predicated on the assumption of low fetal mortality rates and lack of superstition. As some of the women who labored in the 1970s pointed out, this new form of announcing your child to the world assumes that there will be no problem with the pregnancy (such as miscarriage, stillbirth, etc.). Within the United States, the rates of fetal mortality vary significantly based on characteristics often associated with socioeconomic status (U.S. Department of Health and Human Services 2009), and it is unclear whether women who are currently pregnant and living in poverty or with little access to health care have adopted these behavioral patterns. Among middle-class, white women, such as the ones discussed here, rates of fetal mortality went down between 1970 and 1980 (from 12.3 fetal deaths out of 1,000 to 8.1, see U.S. Department of Health and Human Services 2009) but did not decline that significantly over the next 25 years (at 5.3 fetal deaths in 2005). The contrasting narratives of the two historical cohorts appear to demonstrate decreasing levels of fear about fetal loss and changing social norms—perhaps tied to changes in medicalization and conceptualizations of the fetus—rather than a significant decline in pregnancy loss in the last 20 years.

The Choice to Find Out (or Not)

Among the two groups of women who gave birth in the 2000s, there is a selection effect to untangle, as some women chose to find out the sex and some chose not to. Currently, the majority of American women do find out and *not* finding out the sex appeared to be much

more of an intentional decision among the women. If an expectant mother does not want to know the sex of her fetus, this is frequently not a decision she needs to make only once, but instead one she will be faced with over and over again. It is common for women to have multiple second- or third-semester ultrasounds and therefore be offered multiple opportunities to learn the sex. The six women who chose not to find out the sex were all college educated and had made a deliberate choice not to find out—often in the face of pressure from family and friends.

Those women who did not find out tended to be different than those who did, in that their pregnancy and labor often deviated from the medicalized norm of lots of doctor initiated interventions (labor induction, epidurals, episiotomies, etc.). Instead, their pregnancies and birthing plans were more intentionally planned out, as the women seemed to have carefully thought through the many issues surrounding pregnancy and childbirth. This does not mean that each woman necessarily made the same decisions. This group included the woman [Shelly] who had least amount of medical intervention due to giving birth in a birthing center with a doula and no pain medication, and the woman [Emily] with the most sophisticated technological interventions due to utilizing IVF to get pregnant and ongoing complications due to carrying twins. Regardless, these women were very active in the decisions being made at every stage of their pregnancy and felt empowered to make a real difference in how they experienced the childbearing and childbirth process.

Shelly reflected on women's choices and said,

I would suspect that people like myself, who choose not to find out [the sex], would tend to be in the group of people who have less medicalized procedures in general and be in the larger culture that surrounds that—like my pregnancy and delivery being more self-directed, my having more empowerment about the process. And that people that go a more medicalized route and that don't have as much power over the process—and might not even realize that would be an option. The framework is just given to them and they're just kind of flopped down into it. (Shelly, age 35)

Although she is incorrect in her assumption that all mothers who choose not to find out have less medicalized pregnancies, she does capture some of the differences that emerged between the groups. Some women who found out the sex appeared to be making a real choice that they felt strongly about, but others seemed to simply follow the institutional assumption that everyone wanted to know and engaged in little independent reflection. Several women said they never considered not learning the sex and this was explained by some as simply because the technology was available. In one typical answer, Susan who was pregnant with twin boys explained, "I never considered not finding out. I know people can choose not to find out, but I'm a planner. I never would have done that if I could know."

Having the ability to plan better for the baby was mentioned by most of the women who found out the sex; however, some of their answers also demonstrated ambivalence in using this to explain finding out, as they were aware that it was possible to plan for a baby when one did not know its sex. When asked why they decided to find out their fetus' sex, two responses that illustrated this ambivalence were as follows:

I think for me a big part of it is getting ready for the baby to come. To know what it is helps me plan better as far as stuff—which makes no sense because there is stuff for both. I don't know. It's this weird kind of planning thing I have going on. (Melissa, age 27, currently pregnant)

I like to be a very prepared person and I feel like I'll have more control over things in general if I know whether it's a boy or a girl. But I don't know, a baby's a baby. You take care of them just the same, but we definitely want to find out. (Susan, age 32)

The contradictions in the answers are clear, as both women begin by saying that knowing the baby's sex will help them be more prepared, although then they retreat and acknowledge that male and female newborns are actually very similar to care for.

In addition to desiring to purchase pink or blue items,⁶ these expectant mothers may also be referring to the key psychological issues that all new mothers have to work through during pregnancy (Cowan and Cowan 1992). Those that find out the sex appear to be gearing up for their new role through months of gendered verbal interactions with their unborn baby. By engaging in anticipatory socialization for the role of "mother-of-son" and "mother-of-daughter" these women may hope to feel more psychologically and socially prepared to mother the baby when it arrives. In addition, as the women who chose to find out fetal sex on average had less control of their pregnancy and birthing processes (they were more physician directed), choosing to learn the sex and beginning to purchase gendered items, may have helped them feel more in control of an experience that often left significant decisions in the hands of medical specialists rather than the women themselves.

In contrast to a narrative about "planning," those women who chose not to find out the sex emphasized in their explanations both preserving the mystery and maintaining autonomy over their pregnancy. All six of the women said they appreciated extending the mystery or surprise aspect of pregnancy. The women contrasted earlier due to their differing amounts of medical intervention [Shelly and Emily] each said that they did not find out to keep "the mystery" alive, although with different emphases.

One of the things that was nice about what we did is that it maintains the mystery. The sense of surprise and expectancy that comes with labor. That it's not just finally getting to see the individual. That there's this big unknown that gets revealed at that moment. How big is that? (Shelly, age 35)

Nothing in my pregnancy will be a surprise except the gender. I know exactly the moment I got pregnant. I was in a room at the hospital with a bunch of men standing all around me [due to using IVF]. I have to have ultrasounds all the time and have everything checked constantly. I want to have one thing that still has some mystery in it. (Emily, age 43)

For these women, the "mystery" of pregnancy was a unique aspect of it that should be valued.

In additionally, several of the women emphasized that they were choosing not to find out, as a way to keep their pregnancy private and maintain ownership of it. When asked why they chose not to learn the baby's gender, one pregnant mother with two older children laughed and responded, "Most of our decisions were to annoy other people and to not share anything." Another woman with three children explained, "One, because it didn't matter. Two, because it annoyed other people not to know—it drove my siblings crazy not to find out. And three, because we thought it would be cool to wait." The idea of guarding any knowledge of the pregnancy or fetus tightly and having it be a more private experience seemed to resonate with these women, as they not only did not call their unborn child by name prebirth (using a gender neutral name), they rarely even shared the multiple names that they had decided upon.

Discussion

Previous research has documented that ultrasounds encourage pregnant women to see their fetus as real and separate, and may encourage them to construct a more specific social identity than they would be able without it (Mitchell 2001; Mitchell and Georges 1997; Taylor 2000). Much less is known about how learning fetal sex during pregnancy changes how pregnant women think about and interact with their fetus. This study contributes to this area of research by examining

differences between women who choose to find out fetal sex and those who chose not to, as well as the gendered verbal interactions the former group engages in during pregnancy.

The findings indicate that women who found out fetal sex talked more often to their fetus, and did so in gender-typical ways. In addition, these pregnant women emphasized the importance of and enjoyment in being able to use gendered pronouns when speaking to and about their fetus, in contrast to the other women who did not see the importance of this. Furthermore, several of the women who chose to learn fetal sex regularly called their fetus by a given name throughout pregnancy and encouraged their family and friends to do so. A smaller group of the recent mothers was critical of this practice, along with nearly all the mothers who gave birth in the 1970s.

Taken together these interaction patterns appear to indicate that the women who found out fetal sex may conceptualize the abilities and/or development of a fetus differently than those who did not want to learn the sex. The emphasis the women who knew the sex placed on the fetus already having a formed social identity and the ability to hear or “know” what was happening may partly explain the difference in verbal interaction patterns. Although this belief may predate their decision to learn the sex (due to study design, it cannot be separated), it also appeared that learning the sex of their fetus and engaging in these practices helped to reify their beliefs. Theories of “doing gender” suggest that for some, knowing the sex of their unborn child could help to solidify its perceived personhood, as it may be hard for them to picture interacting with the fetus as a real child without knowing its sex. This study’s findings suggest that an acceptance or rejection of the medicalization of reproduction and the two-patient model of pregnancy also may play a role, but more research is needed to tease apart these relationships.

Although the effect on the fetus during pregnancy of this type of “prenatal socialization” cannot be determined, the behaviors the women were engaging in may serve another important function. The transition to parenthood is a major life transition. Engaging in these behaviors may serve as a form of anticipatory socialization where pregnant women can begin to “do motherhood” in the specific ways expected of either a mother-of-a-son or mother-of-a-daughter and help to ease their transition.

This study has increased awareness about this topic; however, there is much more that needs to be learned. In particular, the possibility that these behaviors may also be reinforcing early childhood gender socialization should be explored. Although new parents have long engaged in gender socialization with their babies, learning the sex of one’s fetus at an ultrasound may have notably different implications than learning it when the baby is born. During pregnancy, it is much harder for the mother to gain additional knowledge about her child to complement the knowledge of his or her sex. This may be why after learning the fetal sex during pregnancy; the mothers in this study projected gender onto the fetus and then began interacting with it in such strongly gendered ways. Although parents always clearly take the lead with very early childhood socialization, the child after it is born can directly express its likes and dislikes (however simplistic they may be). When basic patterns for gendered parenting interactions are formed before the child is born, it is possible the influence of the sex may be greater, which should be examined.

As this study is based on American, heterosexual, largely middle-class women, these conclusions have limitations and may not apply to mothers in other countries or social contexts. More research should be done to see whether similar perspectives and experiences exist among other women in the United States or whether they vary based on race, class, or other factors. In addition, scholars should consider the differences that may exist if women are experiencing an unwanted pregnancy. Cross-cultural comparisons, as well as those looking at the influence of assisted reproductive technology, would be valuable. It would be especially important to have longitudinal research that directly looks at the relationship between the behaviors of pregnant women, their future parenting behaviors, and the effects on their children.

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Notes

1. Some midwives choose not to announce the sex of the baby and allow the mother to discover it herself; however, unlike other countries that make extensive use of midwives, most births in the United States take place in a hospital setting attended by a specialist obstetrician (Stover 2011). In 2006, only 7.4 percent of all births were attended by a midwife, and the majority of these took place at a hospital or high-tech birthing center.
2. A woman is deemed “high risk” when her physician believed there is an increased risk of potential medical complications with the mother, fetus, or both that requires additional monitoring or management. There are many reasons that a woman’s pregnancy may be categorized as high risk, including advanced maternal age (usually 35 years or older), being overweight, pre-existing medical conditions (e.g., diabetes, high blood pressure, STIs, heart problems), a history of miscarriages, carrying more than one baby (e.g., twins), or other health problems that develop during the pregnancy.
3. That the pregnant mother and unborn baby are and should be seen as separate entities is clearly an assumption in court cases concerning drug and alcohol-addicted mothers, where there has been a trend over the last few decades toward greater recognition of the fetus as a separate person (Rapp 1999).
4. Throughout this study, I use the terms *fetus*, *unborn baby*, and *unborn child* largely interchangeably; however, at times a particular term might be used to make a point. Although “fetus” is the more correct term biologically, the other two terms are the ones most often used by the study participants and the ones that best reflect their beliefs and perception of reality.
5. The dividing line between a “planned” pregnancy and an unplanned pregnancy is not always clear even for the individuals involved (Cowan and Cowan 1992), which is why I simply refer to the pregnancies of my participants as all “wanted.”
6. I am not trying to downplay that some expectant mothers do believe that it is important to purchase gendered clothing and household items for their new babies, regardless of whether this is an actual need of newborns or not; however, this manuscript is not focused on consumption patterns. For recent research on gendered consumption patterns, see Barnes (2013) and Paoletti (2012).

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